subject a patient, reduced by advanced carcinoma, to such an operation, and in cases of uterine hemorrhage from other causes in which radical treatment is indicated, it would seem more rational to open the abdomen and remove the whole or a portion of the uterus, previously ligating the vessels within the broad ligaments according to Stimson's method.—ED.]

REMOVAL OF AN UNSUSPECTED EXTRA-UTERINE PREGNANCY AFTER INCISION OF A RETRO-UTERINE HÆMATOCELE.

ROSE (*Deutsche med. Wochenschrift*, June 13, 1889) reports the case of a woman who had been married for ten years and remained sterile. She had menstruated three weeks before she came to the hospital, and was excessively anæmic at the time of entrance. On vaginal examination a hard tumor was felt filling Douglas's pouch and compressing the rectum and vagina. There was a soft spot at its most dependent portion, and the patient showed evidences of commencing peritonitis. An incision was made through the fornix vaginæ into the mass, and a quantity of old coagula was removed, in the midst of which was found a fœtus as long as the finger. The patient succumbed, and at the autopsy a ruptured ectopic sac was found.

[This case illustrates very forcibly the remote danger incurred by a patient who may recover from the immediate results of a ruptured tubal pregnancy. In a similar case, occurring in the Editor's practice, with an equally negative history, the diagnosis was cleared up by the discharge of fœtal bones through a fistulous opening in the vaginal roof, the patient making a perfect recovery.—ED.]

THE BEST MATERIAL FOR INTRA-PERITONEAL SUTURES.

THOMSON, of Dorpat (*Centralblatt für Gynäkologie*, June 15, 1889), reports the result of a series of interesting experiments upon animals, made with the view of determining what material is least irritating when introduced into the peritoneal cavity in the form of sutures, especially in the operation of Cæsarean section.

The sutures were prepared in the following manner: Silkworm-gut was dipped in a solution of bichloride, 1 to 1000, immediately before being used, the silk being boiled for an hour in the same solution and then kept in absolute alcohol or a five-per-cent. solution of carbolic acid. The chromicized catgut was prepared according to Leopold's method, the raw gut being soaked for forty-eight hours in a ten-per-cent. solution of carbolized glycerine, then for five hours in a one-half-per-cent. solution of chromic acid, and finally immersed in absolute alcohol. The carbolized catgut was first treated with a strong sublimate solution, and then immersed in carbolized oil (twenty per cent.). In every instance the suture was placed in a five-per-cent. solution of carbolic acid immediately before it was used.

The sterilization of the sutures was proved by introducing portions of them into gelatin; chromicized and carbolized catgut caused clouding of the gelatin in a few cases, especially when the carbolized gut was frayed out, showing that its deeper portions were not aseptic. The latter fact was of importance as bearing upon the question of late infection from sutures after the strands have become separated through softening. No cultures were obtained from the prepared silk. Ordinary raw catgut caused liquefaction of the gelatin within thirty-six hours. Rabbits, cats, and dogs were made the subjects of the experiments, which consisted in opening the abdomen, making incisions in the fundus uteri, and closing them with the various sutures above mentioned; sutures were also inserted in the omentum and in the wound in the peritoneum. The sutures were left *in sitû* for various periods, when the animals were killed and their abdomens was reopened. It was found that the carbolized catgut was partially absorbed at the end of ten days, and completely at the end of seventeen; the chromicized and silkworm-gut was intact at the expiration of sixty-four days, the former being more or less encysted. The silk sutures were unchanged after remaining in sitû for two weeks, but were almost entirely absorbed at the end of nine weeks. No difference was observed in the condition of the uterine and peritoneal sutures.

The deductions from these experiments are: 1. Silk is the best material for sutures, because it can be absolutély sterilized and is eventually absorbed. 2. Chromicized catgut, silkworm-gut, and silver wire, not being absorbed, are unsuitable for intraperitoneal or uterine sutures. 3. Catgut, however prepared, should be rejected on account of its liability to carry infection; carbolized gut should not be used to close large peritoneal wounds, because it is absorbed too quickly.

HÆMATOSALPINX.

At a recent meeting of the Berlin Obstetrical and Gynecological Society (*Centralblatt für Gynäkologie*, No. 24), PAUL RUGE presented a specimen of hæmatoma of the Fallopian tube, which before operation was supposed to be an ectopic gestation, as the patient presented the symptoms and physical signs characteristic of that condition. It was carefully examined by Carl Ruge, who held that it was not an extra-uterine pregnancy. An interesting discussion followed, Veit claiming that the absence of chorionic villi did not militate against the diagnosis of pregnancy, while the fact that the blood-clot was adherent at a single point on the wall of the tube was in favor of the same. He had operated twelve times for extra-uterine pregnancy, and in three of these cases the patient had a return of the trouble in the opposite tube. Ruge said that he had found no microscopical appearances that justified him in regarding the specimen anatomically as other than one of hæmatosalpinx. Dührssen affirmed that he had seen similar effusions of blood into the tube as the result of the injudicious practice of massage, when there was no possibility of the condition being extra-uterine pregnancy.

PARTIAL REMOVAL OF THE OVARIES AND TUBES.

A. MARTIN (Volkmann's *Sammlung klinischer Vorträge*, No. 343) credits Schroeder with the first attempt to remove only the diseased portion of an ovary, leaving the healthy part. Martin has practised the same operation and has extended it to the removal of portions of the tubes. Of ten cases of partial extirpation of the ovary, conception subsequently took place in thirty per cent. In seven cases the adherent, but otherwise healthy, tube was freed from its adhesions, and the patency of the lumen having been demonstrated, the infundibulum was brought in contact with the corresponding ovary so